

# COURT INTERPRETER CERTIFICATION COMPLIANCE

**COMPLIANCE PERIOD:** January 1, 2008 - December 31, 2009

NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

☐ CERTIFIED ☐ REGISTERED LANGUAGE(S) \_\_\_\_\_

## **I. CONTINUING EDUCATION ACTIVITY** (Certified and Registered Interpreters)

Please list your continuing education activities for the current compliance period. You must complete a total of 16 hours (Certified) or 10 hours (Registered) of continuing education, two (2) of which must be ethics.

Course (Title)	Date(s)
Provider (Name)	Credits

Course (Title)	Date(s)
Provider (Name)	Credits

Course (Title)	Date(s)
Provider (Name)	Credits

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Provider (Name)	Credits

Course (Title)	Date(s)
Provider (Name)	Credits

Course (Title)	Date(s)
Provider (Name)	Credits

Course (Title)	Date(s)
Provider (Name)	Credits

**TOTAL CREDITS:** \_\_\_\_\_

## II. PROFESSIONAL EXPERIENCE (Certified Interpreters Only)

Certified Interpreters must list 20 hours of professional assignments that they have participated in during the compliance period (*an "assignment" is a law-related interpreting duty for a specific case, performed on a specific date*).

Location		Date
Case Number	Case Name	Hours

Location		Date
Case Number	Case Name	Hours

Location		Date
Case Number	Case Name	Hours

Location		Date
Case Number	Case Name	Hours

Location		Date
Case Number	Case Name	Hours

Location		Date
Case Number	Case Name	Hours

Location		Date
Case Number	Case Name	Hours

## III. INTERPRETER CONDUCT (Certified and Registered Interpreters)

Since January 1, 2008, or since submission of your previous Compliance Form (whichever occurred earlier), have you been convicted of a crime, or found to have been in violation of a court order? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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*I declare under penalty of perjury under the laws of the state of Washington that the information provided above is true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL TO:** Administrative Office of the Courts  
Court Interpreter Program  
PO Box 41170  
Olympia, Washington 98504-1170

**Please sign, date, and provide all required information.  
Forms that are incomplete will be returned.**